

their dependents across this country who have established an impressive grassroots effort. Their work, in conjunction with the efforts of the Retired Enlisted Association, the National Association of Uniformed Services, the National Military and Veterans Association, and the Retired Officers Association, have brought military health care to the forefront.

My amendment would allow the Senate Armed Services Committee to increase spending on military retiree health care while considering the fiscal year 2001 Department of Defense Authorization bill. It is important to note that my amendment must also be approved by the House and Senate conference committee on the budget resolution in order for the Senate Armed Services Committee to use the reserve fund.

A promise of lifetime health care has been broken. Testimony from military recruiters themselves, along with copies of recruitment literature dating back to World War II, show that health care was promised to active duty personnel and their families upon the personnel's retirement.

However, the creation on June 7, 1956, of space-available care for military retirees at military hospitals has led to a broken promise of health care coverage for these men and women and their families. Post-cold-war downsizing of military bases and their medical services have left many retirees out in the cold. A final insult is the fact that military retirees and their dependents are kicked off of the military's health care system, Tricare, upon turning age 65.

Chairman of the Joint Chiefs of Staff, Gen. Henry Shelton, testified before the Senate Armed Services Committee and said: "Sir, I think the first thing we need to do is make sure that we acknowledge our commitment to the retirees for their years of service and for what we basically committed to at the time that they were recruited into the armed forces."

Defense Secretary William Cohen testified before the Senate Armed Services Committee and said: "We have made a pledge, whether it's legal or not, it's a moral obligation that we will take care of all those who served, retired veterans and their families, and we have not done so."

My oldest son, Brooks, served as a peacekeeper with the United States Army in Bosnia, and he was recently deployed to Kosovo. I know how important "quality of life" issues are to military personnel and their families. Our country asks young men and women to willingly work in combat zones and receive minimal pay compared to the private sector. As compensation, military personnel have been promised that their health care needs and those of their families will be taken care of now and upon retirement. Despite the best efforts of many talented health care providers in the military, this promise has been broken,

and it is impacting a young man or woman's decision to make a career of the military.

The question is whether Members of Congress want to make military retiree health care a priority instead of an afterthought. I am hopeful that, working on a bipartisan approach similar to that seen with my reserve fund amendment, we in Congress can choose military retiree health care as a priority this session.

The PRESIDING OFFICER. The Chair recognizes the Senator from Alabama.

Mr. SESSIONS. Mr. President, in order to make some logic out of this vote-arama process, on behalf of the leader, I ask unanimous consent that the first 10 amendments to be voted on tomorrow be the following and that as stated earlier all votes after the first vote be limited to 10 minutes, with 2 minutes for explanation prior to each vote. The amendments are: the Santorum amendment on military/vets benefits; the Conrad amendment on lockbox; the Abraham amendment on SOS lockbox; the Johnson amendment on veterans; the Ashcroft amendment on SOS Social Security investment; the Mikulski amendment on digital divide; the Bob Smith amendment on RX; the Graham of Florida amendment on education; the Voinovich amendment on strike tax reconciliation; and the Kennedy amendment on Pell grants.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### MORNING BUSINESS

Mr. SESSIONS. Mr. President, on behalf of the leader, I now ask unanimous consent that there be a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### HONORING THE GOOD WORKS OF THE SOCIETY FOR MATERNAL-FETAL MEDICINE

Mr. THURMOND. Mr. President, I rise to recognize the vital work performed by a group of tireless and dedicated professionals: The members of the Society for Maternal-Fetal Medicine (SMFM). I congratulate the Society for its outstanding achievements, and note this year they celebrated their 20th annual meeting.

It is often said that the United States is home to the finest pool of health care professionals in the world. I could not agree more. Each and every day, these professionals provide cutting edge care for millions across the country. Treatments that did not exist just ten years ago are now saving lives on a routine basis. I am hopeful that we never take this high level of care for granted.

The Society for Maternal-Fetal Medicine is one group that demonstrates

the tremendous talent we have in our country. For many of us, "maternal-fetal medicine" may not be an everyday term. However, we all acknowledge that mothers experiencing complicated pregnancies require and deserve the best care possible. Maternal-fetal specialists provide care or consultation during complicated pregnancies. In addition, they provide education and research concerning the most recent approaches to the diagnosis and treatment of obstetrical problems. As a result, these specialists promote awareness of the diagnostic and therapeutic techniques for optimal management of these complicated pregnancies. In addition, it should be noted that maternal-fetal medicine specialists are complementary to obstetricians in providing consultations, co-management or direct care before and during pregnancy.

Mr. President, I urge my colleagues to join me in congratulating the members of the Society of Maternal-Fetal Medicine for their outstanding work. I also want to acknowledge the fine work of Dr. Peter Van Dorsten, President of the SMFM, who resides in my home state of South Carolina. There is no doubt that Americans across the country join me in thanking these unique individuals.

Mr. KENNEDY. Mr. President, seven months have elapsed since the House of Representatives passed the bi-partisan Norwood-Dingell bill to end insurance company and HMO abuses, and more than six months have passed since House and Senate conferees were appointed to prepare the final version of this important measure.

Today, I am releasing a new study by the Minority Staff of the Health, Education, Labor and Pensions Committee that documents how devastating this long delay has been for millions of Americans and their families, and how urgent it is for the House-Senate conference to complete its work as soon as possible.

Drawing on data gathered by the University of California School of Public Health and the Harvard School of Public Health, the report documents unacceptably high numbers of patients who are denied needed care, who suffer increased pain, or whose health has seriously declined because too many HMOs and insurance companies put profits ahead of patients.

According to the study, 59,000 patients each day—22 million patients a year—report added pain and suffering as the result of the actions of their health plans. Large numbers of patients have specialty referrals delayed or denied. Others are forced to change doctors. Still others are forced to take prescription drugs that are different from the drugs their doctor prescribed.

In addition to patients' reports of significant problems as the result of actions of their health plans, thousands of physicians report seeing patients every day whose health has seriously declined as the result of abuses